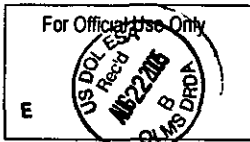


**FORM LM-30** *Amended*  
**LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT**

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

<b>1 File Number U</b> <u>5557</u>	<b>2 Fiscal Year Covered From</b> <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
<b>3 Name and address of person filing</b> Name <u>Michael</u> <u>D</u> <u>Smith</u> P O Box Bldg Room No if any _____ Street <u>2070 NW Wallula Ave</u> City <u>Gresham</u> State <u>Oregon</u> ZIP Code + 4 <u>97030</u>	<b>4 Name file number and address of labor organization</b> Name <u>Sheet Metal Workers Local 16</u> Labor Organization File Number <u>035 340</u> P O Box Building and Room Number if any _____ Street <u>2379 NE 178th Ave Suite 16</u> City <u>Portland</u> State <u>Oregon</u> ZIP Code + 4 <u>97230 5957</u>
<b>5 Position in labor organization</b> <u>Business Agent</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

<b>A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent</b>	
<b>6 Name and address of Employer (including trade name if any)</b> Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>7 a Nature of Interest Transaction or Income</b> _____ <b>7 b Amount</b> _____

**Signature**

**15 Signature and verification** The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed Michael D Smith

On \_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State  ZIP Code + 4

**9 Business deals with**

- ☐ a Labor Organization
- ☒ b Trust
- ☐ c Employer

**10 If 9 b or 9 c is checked give trust or employer's name**

Name  Employer Industrial Sheet Metal Workers

Trade Name if any  Local 16 Health & Welfare Trust

P O Box Bldg Room No if any

Street  PO Box 4388

City  Portland

State  Oregon ZIP Code + 4  97208 4388

**11 a Nature of such dealing**

International Foundation Educational Meeting

**11 b Approximate dollar value of such dealing**

\$4 048

**12 a Nature of interest held or income received**

Trustee, Educational Meeting-Actual Reimbursed Expenses \$2213 00

Registration and Preregistration Fees Paid \$1835 00

**12 b Amount**

\$4 048

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State  ZIP Code + 4

**14 a Nature of payment**

13 b Is the Business an Employer ☒

or Consultant ☐

?

**14 b Amount of payment**



Michael D Smith  
2070 NW Wallula Ave  
Gresham Oregon 97030

August 16, 2005

US Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW Room N-5616  
Washington, DC 20210

To Whom It May Concern

Please find enclosed my Amended LM-30 Labor Organization Officer and Employee Report

I was unaware of the registration and pre-registration fees paid in my behalf for my Health and Welfare Trust Educational Meeting

It has been corrected on the enclosed form

Thank you

Michael D Smith  
Business Agent  
Sheet Metal Local 16

Encl